CIRCUIT COURT SUMMONS	,	NASHVILLE, TENNESSEE
SINCOLL COOKLI COMMONS		
	STATE OF TENNESSE DAVIDSON COUNTY	X First Alias
	20TH JUDICIAL DISTRIC	T Pluries
•		
	,	CIVIL ACTION
		DOCKET NO. 10C1679
Lonnie Bowden and		
Elizabeth Bowden	Plaintiff	Method of Service:
The state of the s		Davidson County Sheriff
Vs.		Out of County Sheriff
State Farm Mutual Automobile Inst	rance Company	· ·
State Farm Withian Automoons Inc.		Secretary of State
Commissioner of Insurance		. Certified Mail
500 James Robertson Parkwa Nashville, TN 37247-0565	ay	Personal Service
Washington and the same of the		Commissioner of Insurance
Phone: 615-741-2241	Defendant	,
•		
n case of your failure to defend this act elief demanded in the complaint.	ion by the above date, judgment by de	RICHARD R. ROOKER
SSUED: Man 4 3010	· · ·	Circuit Court Clerk  Davidson County, Tennessee
0		1/4
•	Ву: С	Deputy Clerk
·	447141	Lan Causan Ruilding, 222 Second
Avo	Julie-Karel Elkin 417 wasning nue North, Nashville, TN 37201 (6	ton Square Building, 222 Second
	ilde North, Nastivino, 114 s. 201 (c	
Or Addr	ASS	
PLAINTIFF'S ADDRESS		
	•	
O THE SHERIFF:		
Please execute this summons and ma	ake your return hereon as provided by law.	
,		RICHARD R. ROOKER  Circuit Court Clerk
	·	Olioni Controloni
	day of	
Received this summons for service this	day vi	
		SHERIFF EXHIB
		, and the second

MAY 26 2010



REC'D BY JEFF SHAY

MAY 25 2010

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE ROUTE TO: 500 JAMES ROBERTSON PARKWAY

NASHVILLE, TN 37243-1131

May 21, 2010

State Farm Mutual Automobile Ins Co 2500 Memorial Boulevard % Jeff Shay Murfreesboro, TN 37131-0001 NAIC # 25178

CERTIFIED MAIL RETURN RECEIPT REQUESTED 7009 2820 0003 2647 0662 Cashier # 3259

COPIES TOX

Re: Lonnie & Elizabeth Bowden V. State Farm Mutual Automobile Ins Co-

Docket # 10C1679

### To Whom It May Concern:

We are enclosing herewith a document that has been served on this department on your behalf in connection with the above-styled matter.

I hereby make oath that the attached Document was served on me on May 14, 2010 by Lonnie & Elizabeth Bowden pursuant to Tenn. Code Ann. § 56-2-504 or § 56-2-506. A copy of this document is being sent to the Circuit Court of Davidson County, TN.

Brenda: C. Meade Designated Agent Service of Process

### Enclosures

cc: Circuit Court Clerk Davidson County -1 Public Square, Room 302 Nashville, Tn 37219-6303

IN THE CIRCUIT COURT FOR	R DAVIDSON COUNTY, TENNESSEE 4/0 HAY
£8.4.1	And Phy 2:
LONNIE BOWDEN	A CONTROLERA
and	$\frac{1}{2}$
ELIZABETH BOWDEN	
Plaintiffs,	)
<b>v.</b>	) CASE NO: <u>10C16</u> 79
JOHN DOE	) )
and	). 
STATE FARM MUTUAL AUTOMOBIL INSURANCE COMPANY	E ) ) )
Defendants.	)
	· ·

## COMPLAINT

**COME NOW** the Plaintiffs, by and through counsel, and hereby assert their cause of action against the Defendants as follows:

- At all times relevant and material hereto the Plaintiffs were residents of Davidson
   County, Tennessee.
- 2. On or about May 17, 2009 Plaintiff Lonnie M. Bowden was operating his motor vehicle in a safe and prudent manner on Nolensville Pike in Nashville, Davidson County, Tennessee.
- 3. At the same time Plaintiff Elizabeth Bowden was riding as a passenger in the vehicle being driven by her husband as they proceeded on Nolensville Pike in a safe and prudent manner.
- 4. At all times relevant and material hereto, Defendant John Doe was operating a black pick-up truck on Veritas Street and without sufficient warning or time to otherwise react, the

Defendant drove his vehicle into the Plaintiffs' vehicle on Nolensville Pike and fled the scene without stopping to render aid or exchange identification.

- 5. Plaintiffs allege the Defendant John Doe was operating the black pick-up truck in an unsafe and negligent manner, such that he caused injury and damage to the Plaintiffs and he is liable to them for their injuries and damages.
- 6. As a result of Defendant John Doe's failure to exercise due care and maintain proper control of his vehicle, the Plaintiffs suffered physical injuries and other associated damages as a direct and proximate result of his negligent actions and/or omissions.
- 7. The Plaintiffs would state that Defendant John Doe was negligent in failing to keep a proper look-out, that he was guilty of failing to yield the right of way, that he made an improper turn or lane change, and that he was operating the black pick-up truck in a reckless manner with disregard for the safety of others.
- As a direct and proximate result of the negligent actions and/or omissions of Defendant John Doe, the Plaintiffs have incurred reasonable and necessary medical expenses for the treatment of their personal injuries and their symptoms have affected their ability to engage in regular activities.
- 9. The Plaintiffs would further state that the following statutes were in full force and effect at the time of the collision between the Plaintiffs' vehicle and the vehicle being driven by John Doe and his violation of said statues constitutes negligence per se to wit: TCA § 55-8-129 Vehicles turning left at intersection; TCA § 55-8-136 Drivers to exercise due care; TCA § 55-8-140 Required position and method of turning at intersections; TCA § 55-8-197 Failure to yield right of way; and TCA § 55-10-205 Reckless driving. In addition to the forgoing, Defendant John Doe left the scene of the accident which is also prohibited by Tennessee law.

- 10. The Plaintiffs hereby incorporate paragraphs 1-9 for their cause of action against the John Doe Defendant and hereby further assert that as a direct and proximate result of his negligent actions and/or omissions that they are entitled to compensation for their medical expenses, past and future; pain and suffering, past and future; loss of enjoyment of life, past and future; loss of household services, past and future; incidental expenses, inconvenience, mental anguish, and other damages to which they may show themselves entitled.
- Defendant State Farm Mutual Automobile Insurance Company and hereby assert their direct action claim for bad faith failure to pay pursuant to their coverage agreement and February 6, 2010 correspondence from a representative of State Farm. For their cause of action, the Plaintiffs would assert that they have been insured with State Farm for many years and although they have ample coverage for their medical expenses, Defendant State Farm has denied payment for their losses pursuant to the medical payments coverage awarded through their insurance contract. The Plaintiffs would show that they have One Hundred Thousand Dollars (\$100,00.00) of available coverage, but payment for necessary medical services following the accident in this cause have not been paid or reimbursed in a timely manner and representatives at the insurance company did not assist them in processing their claims.

WHEREFORE, Plaintiffs sue the Defendants for a sum not to exceed Two Hundred Thousand Dollars (\$200,000.00).

# PREMISES CONSIDERED, PLAINTIFFS PRAY:

(a) That process issue commanding the Defendants to appear and respond within the time prescribed by law;

- (b) That the Plaintiffs be awarded a sum not to exceed Two Hundred Thousand Dollars (\$200,000.00);
- (c) That the Plaintiffs litigation and discretionary costs be taxed to the Defendants for which execution may issue;
- (d) That the Plaintiffs be awarded appropriate pre-judgement and post judgment interest; and
  - (e) For such further and general relief as the court may find just proper.

Respectfully submitted,

Julie-Karel Elkin (BPR# 017231)

417 Washington Square 222 Second Avenue North

Nashville TN 37201

615-244-3300

Attorney for the Plaintiff

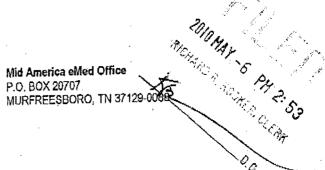
#### State Farm®

Providing Insurance and Financial Services Home Office, Bloomington, Illinois 61710



February 6, 2010

LONNIE M. BOWDEN 407 BARRETT RD NASHVILLE, TN 37211-2603



RE: Claim Number:

42-2275-931

Date of Loss:

5/17/2009

Our Insured:

BOWDEN, LONNIE M

## Dear LONNIE M. BOWDEN:

It has been reported that you were recently injured in a motor vehicle accident. The policy provides Medical Payments Coverage for reasonable expenses for necessary medical treatment resulting from the accident. The expenses are covered for three years from the date of the accident for bodily injury, provided the injury is discovered and treated within one year of the accident date, up to a limit of \$100,000.

To assist us in processing your claim, please sign the enclosed medical authorization and claim information form and return it to us in the self-addressed, prepaid envelope which is enclosed. If the injured person is a minor, the minor's parent(s) or legal guardian(s) should sign the medical authorization.

In the event we make a payment to you on your behalf under your medical payments coverage for bodily injury caused by someone who may be legally liable, we are entitled to reimbursement of our payment. Should we make payment on your behalf, we require that you take no action that might jeopardize our right of subrogation and request you advise us prior to settlement with any person or organization legally responsible for your injury.

Please retain this letter for your personal records, as it identifies both your claim handler and your claim number. This information will enable us to promptly process your claim and help answer any inquiry you may have regarding this matter.

Sincerely.

Steve Mav

Claim Representative

(877) 236-5890

State Farm Mutual Automobile Insurance Company